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alcohol, peroxide, benzine, Trinity solution, tincture of iodine, Squibbs surgical powder. 4-5. Instrument Trays: scissors, forceps, probe, groove director, curette, small safety pins. 6. Solution Tray: glass syringe, cups for alcohol (4), peroxide, Trinity solution, tincture of iodine. 7. Bag for soiled towels. 8. Bag for soiled dressings. 9. Roll with adhesive plaster. 10. Sheets for draping. 11. Package with sterile gloves. 12. Pus basins. 13. Basin containing tubes for the following: iodoform packing, gauze packing, rubber tubing, cigarette drains, tongue depressors. 14. Solution cups. 15. Bandages, assorted sizes. 16. Sterile vaseline. 17. Sterile zinc oxide ointment. 18. Silver nitrate stick. 19. Alcohol lamp. 20. Matches. 21. Pins. 22. Safety pins. 23. Tape measure.

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## HOSPITAL VIGNETTES

### I

By GRACE CAMPLING  
Brighton, England

At night time, in a long, narrow hospital ward, darkened and hushed, lighted here and there by a shaded lamp, silent figures flitted from bed to bed ministering to wakeful patients. In a far corner was a little child who needed all the human care and skill of which our staff were capable. Behind a scarlet screen were gathered doctors and nurses, bending in anxious consultation over the tiny inanimate upon the bed. A few moments since the lightly-sleeping patients had been awakened by the soft rustle of hurried steps passing, bearing the "latest accident"—a little girl who had been run over and badly crushed by a runaway van.

Shortly before, outside the walls of the great hospital, in that busy thoroughfare, the Mile End Road, where thousands of children play unguarded, two little girls, twin sisters, walked hand in hand, discussing in furtive whispers their plan for getting Daddy home,—Daddy, who since their mother died had spent most of his time in the nearest gin palace. They reach one curbstone, to cross to where the brilliant lights tell them Daddy is,—blinded by its glare compared with the gloom, from which they have emerged and call "home," they do not see an approaching runaway horse. Too late the stronger sister's vision clears. Though still clutching one hand of her twin, something pulls them apart—a shout—she has gained the other side, but alone. In the seething traffic she sees an excited crowd; with lightning steps she is in their midst, to discover her life's playmate white and still in the arms of a policeman. "Daisy, Daisy," she calls, but for once Daisy does not

answer. A friendly policeman quickly asks where she lives, and together, while Daisy is hurried to the hospital, they go to find "Daddy."

Though sodden with drink, the news at last penetrates and, shocked into partial soberness, he and his little daughter are taken to that great "House of Pain" where Daisy now lies. He stands, a pathetic figure, holding the hand of his one remaining child, the crêpe band on his ragged sleeve emphasizing his misery. With gulping sobs he calls, "Daisy, Daisy, won't you speak to us, it's Daddy, Lily wants you, too, yer Daddy won't drink no more,"—and so on, in maudlin sentiment. The rough man breaks down, and Lily with difficulty is drawn from her sister's presence. A nurse steps forward and conducts them to a tiny waiting-room, there to wait the great surgeon's decision as to the possibility of an operation saving Daisy's life.

The fragile and half-starved body has been so badly hurt that there is little hope, but on the principle of "Where there's life there's hope," also with a very real desire to comfort, the nurse speaks words of cheer to the best of her ability. Familiar as these scenes are in hospital life, Nurse Victoria feels this one with all the vividness of its pathos. Experience tells her that Daisy will probably die, and it will be for the best, but her heart goes out to the motherless mite left—pathetic figure indeed, with such a father as her only protector—what chance will she have in life? And though it means an added duty to the many claiming her, she spares a moment to caress the sobbing child, speaking what words of comfort she can and, kissing the upturned, tiny, tear-bespattered face, beautiful in its trustfulness, hurries away to the doctor's behest.

Half an hour has elapsed. Lily, with her father, are still waiting in obedience to the promise that has been made,—that when the great surgeon has done all he can for Daisy they shall see her. Within a room near by she lies swathed in bandages, fresh from the surgeon's hand. He has done all possible for the little life, only a few hours since full of vitality (peculiar to the slum child), now feebly flickering. He gives little hope of recovery, so great is the damage done, but with the heart of a great man, carries her himself back to the bed in the far corner of the ward, bidding nurse fetch the father and sister. With tremulous step they advance, to be met with the kindly sympathy that only those can show who have themselves faced sorrow.

Hand in hand they sit, watchful for the moment when Daisy shall know them; an expression of beautiful peace transfigures her face, reminding the man of one so recently gone from his life and whose trust he has so violated. With a smothered oath he rains kisses on the dying face, vowing to give them a father's and mother's care if she will

only live—but it is not to be. The trust destroyed is not twice asked, nor are second chances given. Daisy's mother calls her, with a gentle sigh the spirit is released, and Lily is left alone with her father, his only comforter.

Thus we leave them, as sorrowfully they wend their way home hand in hand; and who shall say that one more little child's death will not fulfil its mission?

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## A TYPHOID EXPERIENCE IN THE COUNTRY

By FLORENCE MAE ROBINSON, R.N.,

Graduate of the DeVore Hospital and Sanitarium, Grand Rapids, Mich.

THE call came, just a week before Christmas, to go several miles into the country to nurse a whole family of typhoid patients, seven in number. The doctor explained that they were in a very critical condition, destitute and a county charge. One trained nurse was there at the time, with a practical nurse helping her, but conditions had become so serious the doctor desired to call a trained assistant.

I knew it would be a very hard place but decided to go, as I have always made it a rule to go where I am called, to rich or poor alike. To me it seems almost selfish to select only the most desirable cases, though of course we must take care of our own health.

It was not necessary for the doctor to inform me when we had reached our destination, one look was sufficient assurance. There was but one entrance to the house, opening from the kitchen onto a porch. Here stood a washing-machine, milk cans filled with drinking water, coal buckets, pails and almost anything which could not well be accommodated within. The lines were hung with clothes to dry and air. A wood and a coal pile were also in the front yard. Yes, it was surely the place, and no mistake.

On entering, the nurse met me with a grateful handshake and we went into the two adjoining rooms where, stretched on cots and straw-tick beds, lay a father, mother and five little children. The sight was pitiful in the extreme. The father had been a dissipated man and its awful results filled me with resentment as I looked upon their poverty and helplessness. Even the old house in which they lived belonged to a relative who allowed them to live there free of charge—no one would rent it.

I don't know how it must have looked to the first nurse, for several improvements had been made by the time I arrived. They had bought beds and window lights, still it seemed about the most desolate place